

---

**State:** Arkansas **Filing Company:** Unified Life Insurance Company  
**TOI/Sub-TOI:** H01 Health - Assumption Agreement/H01.000 Health - Assumption Agreement  
**Product Name:** IAC Assumption Agreement  
**Project Name/Number:** IAC Assumption Agreement/1076

## Filing at a Glance

Company: Unified Life Insurance Company  
Product Name: IAC Assumption Agreement  
State: Arkansas  
TOI: H01 Health - Assumption Agreement  
Sub-TOI: H01.000 Health - Assumption Agreement  
Filing Type: Form  
Date Submitted: 10/02/2012  
SERFF Tr Num: UNLI-128704551  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 1076  
  
Implementation: On Approval  
Date Requested:  
Author(s): Cindy Dwigans, Celeste Williams, Tamesha Johnson  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 10/02/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

---

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Unified Life Insurance Company
<b>TOI/Sub-TOI:</b>	H01 Health - Assumption Agreement/H01.000 Health - Assumption Agreement		
<b>Product Name:</b>	IAC Assumption Agreement		
<b>Project Name/Number:</b>	IAC Assumption Agreement/1076		

---

## General Information

Project Name: IAC Assumption Agreement  
Project Number: 1076  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 10/02/2012  
State Status Changed: 10/02/2012  
Created By: Celeste Williams  
Corresponding Filing Tracking Number:

Deemer Date:  
Submitted By: Cindy Dwigans

### Filing Description:

Individual Assurance Company, Life, Health and Accident (IAC) and Unified Life Insurance Company (formally known as American Federated Life Insurance Company), (Unified) entered into the attached Health Reinsurance Agreement effective December 1, 1987. The Texas approval as stamped on this Agreement is Holding Company Section 32457 from the Department of Insurance State of Texas.

Unified is now taking action on the assumption provision outlined in Article XII of the approved Agreement and as such, will be assuming the Health policies covered under the Agreement effective October 1, 2012.

Of the 263 policies to be assumed by Unified, only 5 policyholders reside in AR.

Unified does not intend to sell/issue new business on the assumed forms. Appointment of agents is not applicable.

## Company and Contact

### Filing Contact Information

Celeste Williams, Senior Compliance Analyst	cwilliams@unifiedlife.com
7201 W. 129th St	913-871-7346 [Phone]
Suite 300	
Overland Park, KS 66213	

### Filing Company Information

Unified Life Insurance Company	CoCode: 11121	State of Domicile: Texas
7201 W 129th	Group Code:	Company Type: Life and
Suite 300	Group Name:	Health
Overland Park, KS 66213	FEIN Number: 43-1917728	State ID Number:
(913) 871-7290 ext. [Phone]		

---

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	Submissions for review, TX \$100

---

**State:** Arkansas **Filing Company:** Unified Life Insurance Company  
**TOI/Sub-TOI:** H01 Health - Assumption Agreement/H01.000 Health - Assumption Agreement  
**Product Name:** IAC Assumption Agreement  
**Project Name/Number:** IAC Assumption Agreement/1076

Per Company: No

Company	Amount	Date Processed	Transaction #
Unified Life Insurance Company	\$100.00	10/02/2012	63322798

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Unified Life Insurance Company
<b>TOI/Sub-TOI:</b>	H01 Health - Assumption Agreement/H01.000 Health - Assumption Agreement		
<b>Product Name:</b>	IAC Assumption Agreement		
<b>Project Name/Number:</b>	IAC Assumption Agreement/1076		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/02/2012	10/02/2012

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	10/02/2012	10/02/2012

#### Response Letters

Responded By	Created On	Date Submitted
Cindy Dwigans	10/02/2012	10/02/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Assumption Certificate	Cindy Dwigans	10/02/2012	10/02/2012

State:	Arkansas	Filing Company:	Unified Life Insurance Company
TOI/Sub-TOI:	H01 Health - Assumption Agreement/H01.000 Health - Assumption Agreement		
Product Name:	IAC Assumption Agreement		
Project Name/Number:	IAC Assumption Agreement/1076		

## Disposition

Disposition Date: 10/02/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Form (revised)	Assumption Certificate	Approved-Closed	Yes
Form	Assumption Certificate	Replaced	Yes

---

**State:** Arkansas **Filing Company:** Unified Life Insurance Company  
**TOI/Sub-TOI:** H01 Health - Assumption Agreement/H01.000 Health - Assumption Agreement  
**Product Name:** IAC Assumption Agreement  
**Project Name/Number:** IAC Assumption Agreement/1076

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/02/2012
Submitted Date	10/02/2012
Respond By Date	

---

Dear Celeste Williams,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

*- Assumption Certificate, IAC-AC-12 (Form)*

*Comments:*

*The Assumption Certificate must contain the information outlined under Rule and Regulation 55, Section 6 (A) through (E).*

*Thank you for your cooperation.*

**Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,*

*Rosalind Minor*

---

**State:** Arkansas **Filing Company:** Unified Life Insurance Company  
**TOI/Sub-TOI:** H01 Health - Assumption Agreement/H01.000 Health - Assumption Agreement  
**Product Name:** IAC Assumption Agreement  
**Project Name/Number:** IAC Assumption Agreement/1076

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/02/2012
Submitted Date	10/02/2012

---

*Dear Rosalind Minor,*

**Introduction:**

**Response 1**

**Comments:**

*The revised form is attached as an amendment*

**Related Objection 1**

*Applies To:*

*- Assumption Certificate, IAC-AC-12 (Form)*

*Comments:*

*The Assumption Certificate must contain the information outlined under Rule and Regulation 55, Section 6 (A) through (E).*

*Thank you for your cooperation.*

**Changed Items:**

*No Supporting Documents changed.*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

*Sincerely,*

*Cindy Dwigans*

<b>SERFF Tracking #:</b>	UNLI-128704551	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	1076
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Unified Life Insurance Company		
<b>TOI/Sub-TOI:</b>	H01 Health - Assumption Agreement/H01.000 Health - Assumption Agreement				
<b>Product Name:</b>	IAC Assumption Agreement				
<b>Project Name/Number:</b>	IAC Assumption Agreement/1076				

## Amendment Letter

Submitted Date: 10/02/2012

Comments:

The revised form is attached.

Changed Items:

### Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
IAC-AC-12-AR	Certificate	Assumption Certificate	Initial				54.000	Assumption Certificate IAC-AC-12-AR.pdf



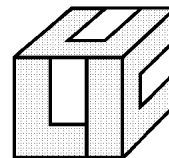
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Unified Life Insurance Company
<b>TOI/Sub-TOI:</b>	H01 Health - Assumption Agreement/H01.000 Health - Assumption Agreement		
<b>Product Name:</b>	IAC Assumption Agreement		
<b>Project Name/Number:</b>	IAC Assumption Agreement/1076		

## Form Schedule

Lead Form Number: IAC-AC-12							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 10/02/2012	IAC-AC-12-AR	CER	Assumption Certificate	Initial:	54.000	Assumption Certificate IAC-AC-12-AR.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



---

**UNIFIED LIFE INSURANCE COMPANY**

P.O. Box 25326  
Overland Park, KS 66225-5326  
1-800-237-4463

POLICY NUMBER

NAME OF INSURED

**ASSUMPTION CERTIFICATE**

This is to certify that your Policy with INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH AND ACCIDENT has been by UNIFIED LIFE INSURANCE COMPANY, a Texas domiciled life insurance company, effective 12:01 a.m., C.S.T. on [October 1, 2012].

UNIFIED LIFE INSURANCE COMPANY will pay all benefits incurred after October 1, 2012, in accordance with the terms of the Policy and will carry out the provisions of the Policy and perform all obligations contained therein as fully as they would have been performed by INDIVIDUAL ASSURANCE COMPANY. All premium payments and correspondence should be sent to:

UNIFIED LIFE INSURANCE COMPANY  
PO Box 25326  
Overland Park, KS 66225-5326

**FOR INFORMATION OR TO MAKE A COMPLAINT, CALL:**

**1-800-237-4463**

You may also contact the Arkansas Insurance Department at:

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201  
(501) 371-2600 or 1-800-282-9134

IN WITNESS WHEREOF, UNIFIED LIFE INSURANCE COMPANY has caused this Assumption Certificate to be executed in its name and on its behalf by its President and Secretary.

Chairman of the Board

Secretary

**THIS CERTIFICATE IS NOW A PART OF YOUR POLICY AND SHOULD BE ATTACHED THERETO AND KEPT WITH IT.**

IAC-AC-12-AR

<b>SERFF Tracking #:</b>	UNLI-128704551	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	1076
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Unified Life Insurance Company		
<b>TOI/Sub-TOI:</b>	H01 Health - Assumption Agreement/H01.000 Health - Assumption Agreement				
<b>Product Name:</b>	IAC Assumption Agreement				
<b>Project Name/Number:</b>	IAC Assumption Agreement/1076				

## Supporting Document Schedules

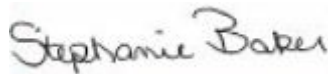
		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/02/2012
Comments:	See attached		
Attachment(s):			
Generic Readability Certification.pdf			

# READABILITY CERTIFICATION

**Company Name:** Unified Life Insurance Company

I hereby certify, that the form listed below has the following readability score as calculated by the Flesch Reading Ease Test. Defined words have been excepted text.

Form Number	Score
IAC-AC-12	54



---

Stephanie Baker  
Vice President – Risk Management

September 27, 2012

---

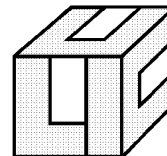
Date

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Unified Life Insurance Company
<b>TOI/Sub-TOI:</b>	H01 Health - Assumption Agreement/H01.000 Health - Assumption Agreement		
<b>Product Name:</b>	IAC Assumption Agreement		
<b>Project Name/Number:</b>	IAC Assumption Agreement/1076		

## Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/01/2012	Form	Assumption Certificate	10/02/2012	Assumption Certificate IAC-AC-12.pdf (Superceded)



---

**UNIFIED LIFE INSURANCE COMPANY**

P.O. Box 25326  
Overland Park, KS 66225-5326  
1-800-237-4463

POLICY NUMBER

NAME OF INSURED

**ASSUMPTION CERTIFICATE**

This is to certify that your Policy with INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH AND ACCIDENT has been assumed by UNIFIED LIFE INSURANCE COMPANY, a Texas domiciled life insurance company, effective 12:01 a.m., C.S.T. on [October 1, 2012].

UNIFIED LIFE INSURANCE COMPANY will pay all benefits incurred after October 1, 2012, in accordance with the terms of the Policy and will carry out the provisions of the Policy and perform all obligations contained therein as fully as they would have been performed by INDIVIDUAL ASSURANCE COMPANY. All premium payments and correspondence should be sent to:

UNIFIED LIFE INSURANCE COMPANY  
PO Box 25326  
Overland Park, KS 66225-5326

**FOR INFORMATION OR TO MAKE A COMPLAINT, CALL:**

**1-800-237-4463**

IN WITNESS WHEREOF, UNIFIED LIFE INSURANCE COMPANY has caused this Assumption Certificate to be executed in its name and on its behalf by its President and Secretary.

Chairman of the Board

Secretary

**THIS CERTIFICATE IS NOW A PART OF YOUR POLICY AND SHOULD BE ATTACHED THERETO AND KEPT WITH IT.**